

Town of Greenfield
FOUNDED 1793



Town Hall
P.O. Box 10
Greenfield Center, NY 12833
Phone (518) 893-7432
Fax (518) 893-2460

COMMUNITY CENTER ROOM USE APPLICATION

Name of Organization: _____

Contact Person: _____

Address: _____

Phone Number: Home: _____ Cell: _____

Number of people expected to attend the function: _____

Is your group insured? Yes: _____ No: _____

Date and time room is needed: Date: _____ Time: _____

What special facilities do you require?

Main Hall: _____
Round Tables: _____ Number: _____
Long Tables: _____ Number: _____
Chairs: _____ Number: _____

We, the undersigned, agree that upon approval of this application, to obey the following rules and regulations:

1. We agree to leave the Community Center and its surrounding areas as we found them when we arrived.
2. Children will be supervised at all times.
3. We will only use the areas assigned to us.
4. Any damage done to the building and its surroundings while we are using the facilities will be our responsibility and will be corrected by our organization.
5. We will supply our own refreshments and any other supplies needed.
6. All trash will be picked up before leaving and placed in dumpster behind the building.
7. Be sure that all lights are turned off.

Also, we hereby certify that membership in the above named organization will not be restricted because of race, creed, color, sex or national origin. We have read and agree to the above rules and regulations.

Agreement

The undersigned is over 21 years of age and has read this form and attached regulations and agrees to comply with them. He/she agrees to be responsible to the municipality for the use and care of the facilities. He/she on behalf of _____ does hereby covenant and agree to defend, indemnify and hold harmless the Town of Greenfield from and against any and all liability, loss, damages, claims, or actions (including costs and attorneys' fees) for bodily injury and/or property damage, to the extent permissible by law, arising out of or in connection with the actual or proposed use of the Town of Greenfield's property or facilities.

Signature of Organization's Representative

Address: _____

Telephone Number: _____

Email: _____

Printed Name

****For Board Approval****

Approved: _____

Date: _____

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TO: **ALL RESIDENTS USING THE COMMUNITY CENTER**

FROM: Kevin Veitch, SUPERVISOR

PLEASE be sure to abide by the following rules:

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